

Approved For Release 2002/06/10 : CIA-RDP64-00360R000600020099-6
PURCHASE VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. _____

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U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Ramo-Wooldridge Corporation
(Payee)

Los Angeles 45, California

(Address) (City) (State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Discount Terms	INVOICE NO.				
			2100			59	30 ✓
			2101			25,815	89 ✓
			2102			366	76 ✓
			2103			22,363	38 ✓
			2104			600	09 ✓
PAYMENT:		Use continuation sheet(s) if necessary					
Complete	<input type="checkbox"/>						
Partial	<input type="checkbox"/>						
Final	<input type="checkbox"/>						

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 49,205 42 ✓

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for 49,205 42
(Signature or initials) EL

. Per _____ Title _____
Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

STATOTHR

By _____

SIGN
ORIGINAL
ONLY

†

Title

(Contracting Officer)

STATOTHR

Title _____
(Approving Officer)

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.
(Sign original only)